

STUDENT RELEASE FORM

SCHOOL YEAR 2020-2021

STUDENT NAME:

Teacher: _____ Grade: _____ Div.: _____

MEDICAL (use red dot): _____

In the event of an emergency or disaster, such as an earthquake, the school may implement a controlled release of students for their safety and well-being. Should this be necessary, the school will only release your child to persons authorized on this form or, if necessary, to authorized medical personnel. Please complete the following information:

Legal Guardians	Relationship to Child	First Name (print name)	Family Name (print name)
Legal Guardian 1			
Legal Guardian 2			

We/I authorize the release of the above child into the custody of the following persons should either parent be unable to reach the school.

(MUST be the same "Alternatives" as listed on the *Student Identification Form and the Student Verification Form.*) (Designated alternates should live within walking distance of the school and be 19+ years old.)

*ALTERNATIVE GUARDIAN	SIGNATURE	PHONE # (604)

OUT OF PROVINCE CONTACT

NAME	CITY & PROV/STATE	◇AREA CODE & PHONE #

I realize that in the event of a controlled student release, only the above authorized adults will be able to claim my child (medical or response personnel excepted). On release of my child, a record shall be kept of the name of their temporary guardian, time of release and expected destination.

Legal Guardian 1 Signature: _____

Legal Guardian 2 Signature: _____

Date: _____